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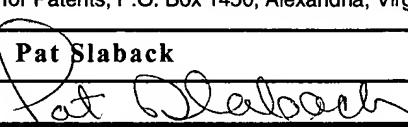
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application / Conf. No.	10/698,704 / 1939
		Filing Date	October 31, 2003
Mail Stop: AMENDMENT		First Named Inventor	Robert O. Conn
		Examiner Name	Alexander O. Williams
		Art Unit	2826
		Patent No.	
Total Number of Pages in This Submission		Attorney Docket Number	X-1416-3 US

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Amendment / Reply <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Change Status to LARGE ENTITY <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet) <input type="checkbox"/> Declaration / Oath <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition - <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks	Response to 2nd Restriction	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Customer Number	24309 <i>(Customer Number)</i>		Reg. Number 37,652
Attn:	Kim Kanzaki		
Signature			
Date	June 27, 2005		Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date:			
Typed or Printed Name	Pat Slaback		
Signature			Date June 27, 2005

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X-1416-3 US
10/698,704



PATENT
Conf. No.: 1939



Applicant: Robert O. Conn
Assignee: Xilinx, Inc.
Title: An Interposing Structure [As Amended]
Serial No.: 10/698,704 File Date: 10-31-03
Examiner: Alexander O. Williams Art Unit: 2826
Docket No.: X-1416-3 US Conf. No.: 1939

Mail Stop AMENDMENT
COMMISSIONER FOR PATENTS
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Alexandria, Virginia 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

In response to the Restriction Requirement mailed from the Patent Office on June 16, 2005, please replace/substitute the following claims as indicated.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 6 of this paper.